

THE STATE

Department of Commerce, Community, and Economic Development Division of Corporations, Business, and Professional Licensing PO Box 110806, Juneau, AK 99811-0806

(907) 465-2550 • Email: corporations@alaska.gov

Website: Corporations. Alaska.gov

Business Corporation

2017 Biennial Report

For the period ending December 31, 2016

Web-2/20/2017 12:20:21 PM

FOR DIVISION USE ONLY

- This report is due on January 02, 2017
- \$100.00 if postmarked before February 02, 2017
- \$137.50 if postmarked on or after February 02, 2017

THE CHARIOT GROUP INC. Registered Agent **Entity Name:**

67544D **Entity Number:**

UNITED STATES Home Country:

Name: Physical Address: 2447 Loussac Dr, Anchorage, AK

99517

DENISE THOMAS

ALASKA Home State/Province: Mailing Address: 2447 Loussac Dr, Anchorage, AK

99517

Entity Physical Address: 3120 DENALI ST STE 1, ANCHORAGE, AK 99503

3120 DENALI ST STE 1, ANCHORAGE, AK 99503 Entity Mailing Address:

Please include all officials. Check all titles that apply. Must use titles provided. All domestic business corporations must have a president, secretary, treasurer and at least one director. The secretary and the president cannot be the same person unless the president is 100% shareholder. The entity must also list any alien affiliates and those shareholders that hold 5% or more of the issued shares.

Name	Address	% Owned	Titles
Denise L Thomas	2447 LOUSSAC DR, ANCHORAGE, AK 99517	50	Secretary, Shareholder, Treasurer
Richard A Thomas	2447 LOUSSAC DR, ANCHORAGE, AK 99517	50	Director, President, Shareholder

Purpose: ANY LAWFUL

NAICS Code: 238210 - ELECTRICAL CONTRACTORS AND OTHER WIRING INSTALLATION CONTRACTORS New NAICS Code (optional):

Complete the below stock information on record with the Department. You may not change your authorized shares with this form. An amendment is required. Fill in number of shares issued.

_ Class	Series	Authorized	Par Value	Amount Issued
Common		100000	\$0.00	100000

I certify under penalty of perjury under the Uniform Electronic Transaction Act and the laws of the State of Alaska that the information provided in this application is true and correct, and further certify that by submitting this electronic filing I am contractually authorized by the Official(s) listed above to act on behalf of this entity.

Name: Michele L Berns